

## CERTIFICATE OF SERVICE

I, Nancy H. Brown, certify that service of the Summons and a copy of the First Amended Complaint was made on March 11, 2022 by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Pernix Therapeutics  
208 W. Eastbank Street  
Gonzales, LA 70737

Bayard, P.A.  
Attn: Gregory Joseph Flasser, Daniel N. Brogan  
600 North King Street, Suite 400  
Wilmington, DE 19801

Davis Polk & Wardwell LLP  
Attn: Michael Davis, Eli Vonnegut  
450 Lexington Avenue  
New York, NY 10017

Landis Rath & Cobb LLP  
Attn: Jennifer Cree  
919 Market Street, Suite 1800  
Wilmington, DE 19801

Currax Holdings LLC  
c/o Skadden, Arps, Slate, Meagher & Flom LLP  
Attention: Lisa Laukitis, Laura P. Knoll  
4 Times Square  
New York City, NY 10036

Currax Pharmaceuticals  
10 North Park Place, Suite 201  
Morristown, NJ 07960

☒ Certified Mail Service: By certified mail addressed to the following entities/officers/registered agents of the defendants at:

Pernix Therapeutics, Inc.  
c/o Cooper C. Collins, President  
32126 Edgewater Drive  
Magnolia, TX 77354

Pernix Therapeutics, Inc.  
c/o David E. Waguespack, Registered Agent  
717 Nashville, Apt. 4  
New Orleans, LA 70115

Pernix Therapeutics, LLC  
c/o Pernix Holdco 3 LLC  
10 North Park Place, Suite 201  
Morristown, NJ 07960

Pernix Therapeutics, LLC  
c/o Corporation Service Company, Registered Agent  
501 Louisiana Avenue  
Baton Rouge, LA 70802

Pernix Therapeutics Holdings, Inc.  
10 North Park Place, Suite 201  
Morristown, NJ 07960

Registered Agent for Pernix Therapeutics Holdings, Inc.  
CSC-Lawyers Incorporating Service Company  
7 St. Paul Street, Suite 820  
Baltimore MD 21202

Pernix HoldCo 3 LLC  
10 North Park Place, Suite 201  
Morristown, NJ 07960

Pernix HoldCo 3 LLC  
c/o Registered Agent  
Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808


Currax Holdings LLC  
c/o Registered Agent  
Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.


Under penalty of perjury, I declare that the foregoing is true and correct.

Date March 11, 2022 Signature /s/ Nancy H. Brown

Print Name: Nancy H. Brown  
Pachulski Stang Ziehl & Jones LLP  
10100 Santa Monica Blvd.  
13<sup>th</sup> Floor  
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> Pernix HoldCo 3 LLC  c/o R/A CORPORATION SERVICE CO.  251 LITTLE FALLS DRIVE  WILMINGTON DE 19808 </div> <div style="text-align: center;">   9590 9402 3367 7227 2927 38 </div> <p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> 7017 2400 0000 3985 8626 </div>	<p>A. Signature  X <u>Paul Sisofo</u> <span style="float: right;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</span> </p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <span style="float: right;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </span> <span style="float: right;"> <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery </span> </p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> Pernix Therapeutics, Inc.  c/o Cooper C. Collins, President  32126 Edgewater Drive  Magnolia, TX 77354 </div> <div style="text-align: center;">   9590 9402 3367 7227 2926 60 </div> <p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> 7017 2400 0000 3985 8541 </div>	<p>A. Signature  X <u>Henry Collins</u> <span style="float: right;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</span> </p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <span style="float: right;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </span> <span style="float: right;"> <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery </span> </p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	

Domestic Return Receipt